



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
PUBLIC DRINKING WATER BRANCH

BACKFLOW PREVENTION ASSEMBLY TEST DATA AND MAINTENANCE REPORT

CUSTOMER		CUSTOMER NUMBER		FILE NUMBER	
MAILING ADDRESS					
SERVICE LOCATION				METER NUMBER	
DATE OF TEST	TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	SUPPLY PRESSURE _____ LBS.	AIR GAP (2 X SUPPLY DIAM.) SUPPLY _____ IN. GAP _____ IN. <input type="checkbox"/> PASS <input type="checkbox"/> FAIL		
TYPE OF ASSEMBLY	MANUFACTURER	MODEL	SIZE	SERIAL NUMBER	
HEIGHT OFF FLOOR _____ (IN./FT.)	PROTECTION FROM: FREEZING <input type="checkbox"/> YES <input type="checkbox"/> NO FLOODING <input type="checkbox"/> YES <input type="checkbox"/> NO		COMMENTS:		NEW INSTALLATION <input type="checkbox"/> YES <input type="checkbox"/> NO
INITIAL TEST			FINAL TEST AFTER REPAIR		
REDUCED PRESSURE PRINCIPLE ASSEMBLY:			REDUCED PRESSURE PRINCIPLE ASSEMBLY:		
RELIEF VALVE OPENED AT _____ *PSID (2 PSID or more)			RELIEF VALVE OPENED AT _____ PSID (2 PSID or more)		
2ND CHECK held backpressure			2ND CHECK held backpressure		
NO. 2 SHUTOFF VALVE leak tight			NO. 2 SHUTOFF VALVE leak tight		
1ST CHECK held in direction of flow _____ *PSID (5 PSID or more)			1ST CHECK held in direction of flow _____ PSID (5 PSID or more)		
DIFFERENCE (1st check - relief) _____ PSID (3 PSID or more)			DIFFERENCE (1st check - relief) _____ PSID (3 PSID or more)		
NOTE: Failure of any of the above items, requires repair.			*Pounds per Square Inch Differential		
INITIAL TEST			FINAL TEST AFTER REPAIR		
DOUBLE CHECK VALVE ASSEMBLY:			DOUBLE CHECK VALVE ASSEMBLY:		
1ST CHECK held in direction of flow _____ PSID (1 PSID or more)			1ST CHECK held in direction of flow _____ PSID (1 PSID or more)		
2ND CHECK held in direction of flow _____ PSID (1 PSID or more)			2ND CHECK held in direction of flow _____ PSID (1 PSID or more)		
NOTE: Failure of any of the above items, requires repair.					
APPLICATION:		COMMENTS			
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> FIRE LINE <input type="checkbox"/> IRRIGATION <input type="checkbox"/> OTHER (EXPLAIN)		_____ _____ _____			
REPAIR HISTORY					
_____ _____					
THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE					
TESTED BY (PRINT)		(SIGNATURE)		REPAIRED BY (PRINT) (SIGNATURE)	
COMPANY		FINAL TEST BY (PRINT)		(SIGNATURE)	
CERTIFICATION NUMBER AND EXPIRATION DATE		OWNER OR OWNER'S REPRESENTATIVE			DATE